

New Jersey Department Environmental Protection
Water Supply Administration - Bureau of Safe Drinking Water
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AB

DRINKING WATER ANALYSIS - ASBESTOS

System Name _____ PWS ID# _____
Address _____ Laboratory ID# _____
City _____ Laboratory Name _____
State _____ Zip _____

ANALYSIS METHOD = TRANSMISSION ELECTRON MICROSCOPY (TEM)
MCL = 7 MILLION FIBERS/LITER (LONGER THAN 10um) MDL = 0.01 MF/L

Sample Location	Sample * Type	"X" if > MCL	Results	Collection Date	Analysis Date

*Sample Type - P = POE, D = Distribution, C = Confirmation

I certify that this water sample was collected in accordance with approved procedures established by the New Jersey Department of Environmental Protection.

Name _____ of _____.

I certify that this water sample was analyzed in accordance with approved procedures established by the New Jersey Department of Environmental Protection.

Print Name _____ Signature _____ Date _____

Form prepared by: _____ Owner/Operator or _____ Laboratory Phone No. (____) _____

If the initial sample exceeds the MCL, a confirmation sample may be taken within two weeks at the same Location.

The initial sample and confirmation samples (if taken) will be averaged to determine if the MCL has been exceeded.

If the MCL has been exceeded, quarterly monitoring is required beginning the following quarter.

Exceedance of the MCL requires Public Notification as per 40 CFR 141.32.

